



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

Canc: Jan 2007

IN REPLY REFER TO

BUMEDNOTE 1520  
BUMED-M09BDC  
13 Jan 2006

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Dental Personnel

Subj: ANNOUNCEMENT OF FISCAL YEAR (FY) 2007 DENTAL RESIDENCY  
TRAINING, POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED  
CLINICAL PROGRAMS

Ref: (a) MANMED, Chapter 6, Section XVI  
(b) ASD(HA) memo of 21 Aug 2003 (NOTAL)  
(c) SECNAVINST 7220.61G

Encl: (1) FY 2007 Advanced Dental Education Availability Announcement  
(2) Dental Education Application Brief Sheet, NAVMED 1520/16, (Rev. 12-2002)  
(3) Evaluation for Advanced Dental Education, NAVMED 1520/17, (Rev. 12-2002)

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in FY 2007 and to provide information concerning application procedures.

2. Cancellation. BUMEDNOTE 1520 of 23 Jan 2005.

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and ACPs in FY 2007. Full-time inservice (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, MD, various naval hospitals, and other federal institutions. A limited number of full-time outservice (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions. Training for ACP is conducted at selected branch dental clinics.

4. Availability of Programs. Reference (a) describes Department of the Navy (DON) training programs for dental officers. Needs of the Navy determine the programs available for training and number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2007.

5. Residency Training Programs. Inservice residency training programs train dental officers for the dental care needs of Navy and Marine Corps beneficiaries. Outservice residency training programs supplement inservice residencies and provide training in specialty areas not available in military training programs. All residency-training programs meet American Dental

Association or American Board of General Dentistry certification requirements. Dental officers selected for these programs are expected to pursue board certification.

6. Advanced Clinical Programs (ACP). One year ACPs provide general dentists with advanced clinical skills in general dentistry and exodontia. Successful completion of an ACP may enhance an officer's opportunity for later residency training. A utilization assignment following completion of an ACP will be required and can be expected before selection to residency training. Applicants for ACP must complete a minimum of 3 years of active duty service as a dental officer before the start of the program.

7. Masters in Health Care Administration

a. The U.S. Army-Baylor University Program in Health Care Administration is offered at the Academy of Health Sciences, U.S. Army, Fort Sam Houston, TX. This full-time inservice Masters in Health Care Administration Program is designed to provide Dental Corps officers with a broad knowledge of executive skills needed to lead and manage health care services. It is fully accredited by the Accrediting Commission on Education for Health Services Administration (ACEHSA).

b. The program consists of a 54-week didactic phase and a 52-week administrative phase through an appropriate follow-on tour, such as assignment to a major command or staff headquarters with additional duty assignment to major health care policy organizations.

c. Prerequisites include a bachelors degree, a 2.7 or higher grade point average or a 3.0 for the last 60 hours of course work (undergraduate), a minimum of 500 on the Graduate Management Admission Test (GMAT) or 1,000 on the Graduate Record Exam (GRE). College math and algebra are recommended.

d. After completing required course work and successfully passing the GMAT or GRE, the dental officer must forward official transcripts to the Baylor Program. The packages are forwarded to the graduate school admission office for evaluation. If accepted, the dental officer must then apply to the Dental Corps Duty Under Instruction (DUINS) Board for consideration. For additional information, see paragraph 9b or visit their Web site at: <http://www.cs.amedd.army.mil/baylorhca/>.

e. This nationally ranked academic program provides a solid foundation in health care finance, communication, technology, and personnel management. The curriculum is designed to provide students the necessary competencies to compete favorably for future integrated leadership positions in executive Navy Medicine. Graduates earn the degree of Master of Health Care Administration and go on to secure senior management and policy positions in a wide range of health care settings throughout the public and private sector.

8. Eligibility for Advanced Dental Education Training. Before commencement of a post-doctoral residency education program, dental officers must have completed their initial tour of duty and cannot be in a failure of selection promotion status. Consideration of an officer's military record, assignments (particularly operational or overseas assignments), total years of active duty service, and overall sustained superior military performance are an integral part of the DUINS board deliberations. Applicants who are unable to complete 20 years of active commissioned service by age 62 may submit a written request for waiver of this requirement with their application.

9. Application

a. To apply, the officer must submit the following to Naval Medical Education and Training Command (NMETC), Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611:

(1) A letter of request with appropriate endorsements accompanied by a statement of motivation clarifying the applicant's background, interests, and reasons for requesting the desired training, per reference (a).

(2) Official scholastic transcripts for all pre-dental, dental, and other significant education. Applicants whose transcripts do not provide class standing or grade point average must request a dean's letter indicating class standing or an equivalent.

(3) Advanced Dental Education Application Brief Sheet, enclosure (2).

(4) A maximum of three letters of evaluation using enclosure (3). It is suggested that at least one letter be from a dental officer in the specialty area requested for training. Evaluations and other material received directly are considered confidential and will not be provided to the applicant by NMETC, Code OGDC.

(5) A certified true copy (front and back) of the last five Fitness Reports must accompany the application to be considered complete.

b. For questions concerning application procedures, contact the Dental Corps Programs Officer, NMETC Bethesda at DSN 295-0650, (301) 295-0650, or FAX (301) 295-1783, or send e-mail to: [rtaft@nmetc.med.navy.mil](mailto:rtaft@nmetc.med.navy.mil) or [chighland@nmetc.med.navy.mil](mailto:chighland@nmetc.med.navy.mil).

c. Active duty obligation (ADO) incurred for participation in dental residency training programs is 1 year for each year of FTIS or FTOS training with a minimum of a 2-year obligation, to include ACP training. Endodontic and orthodontic residents will incur a minimum of 3 years of active duty obligation regardless of program length. Programs leading to a master's degree (which require additional training and/or funding) or doctoral degree shall incur an ADO of three times the length of education or training for the first year unless such degree is incidental to the completion of an established residency or fellowship program. Additional ADOs for participation in excess of

1 year shall be half year for half year. ADO for a master's degree obtained concurrently with a residency program may be served **concurrently** with the ADO for residency training. This is general guidance for the ADO incurred during Graduate Dental Education (GDE). Obligation is individually calculated by Navy Personnel Command (NAVPERSCOM) and may vary from guidelines based on individual circumstances.

d. Second choices for training are not required **but are encouraged** in related disciplines, e.g., operative dentistry and prosthodontics, operative dentistry or comprehensive dentistry, etc.

e. Dental special pays for officers in residency programs will comply with references (b) and (c). Officers in ACP programs incur no special pay limitations.

10. Application Deadline. Applications for training beginning in FY 2007, including evaluations and transcripts, must arrive at NMETC, Code OGDC, postmarked no later than 1 May 2006.

11. Notification. The DUINS Selection Board is scheduled to meet in June 2006. Notification of board results will be made by individual letter, via commanding officers, as soon as possible upon completion of board deliberations.

12. Pre-select Status. Applicants who are selected for FTOS programs by the DUINS board, but do not gain admission to a program in FY 2007 will be placed in a pre-select status. They will be automatically enrolled in an FTIS or Tri-service program in FY 2007 (pediatric dentistry pre-selects will be required to gain admission to an FTOS program). These candidates will not have to reapply to the DUINS Board.

13. Forms. NAVMED 1520/16 (Rev. 12-2002) and NAVMED 1520/17 (Rev. 12-2002) are available on the Navy Medicine Web site located at: <http://navymedicine.med.navy.mil/>. On the home page tab, under the "Directives" section, click on "Forms" option, and scroll to the two forms listed in this paragraph. Enclosures (2) and (3) are provided for use in the application process.



C. I. TURNER  
Chief, Dental Corps

Distribution is electronic only via the Navy Medicine Directives Web site at:  
<http://navymedicine.med.navy.mil/default.cfm?seltab=directives>

**FY 2007 ADVANCED DENTAL EDUCATION  
AVAILABILITY ANNOUNCEMENT**

**FTIS Residencies and Postdoctoral Education Programs**

Comprehensive Dentistry \*\*  
Endodontics \*\*  
Oral and Maxillofacial Surgery \*\*\*\*  
Orofacial Pain \*\*  
Oral Medicine \*\*  
Periodontics \*\*\*  
Prosthodontics \*\*\*  
Masters in Health Care Administration \*\*

**FTOS Residencies and Postdoctoral Education Programs (Civilian/Tri-service)**

Endodontics \*\*  
Operative and Preventive Dentistry \*\*\*  
Oral and Maxillofacial Surgery \*\*\*\*  
Orthodontics \*\*  
Pediatric Dentistry \*\*  
Periodontics \*\*\*  
Prosthodontics \*\*\*

**Advanced Clinical Programs**

General Dentistry \*  
Exodontia \*

\* 1-year program  
\*\* 2-year program  
\*\*\* 3-year program  
\*\*\*\* 4-year program

# Dental Education Application Brief Sheet

## Instructions

1. Complete all applicable entries.
2. Follow current BUMEDNOTE 1520.
3. Forward this brief sheet to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
4. Any questions call: (301) 295-0650 or DSN 295-0650.

Name (Last, First, MI)	Grade	Designator	SSN
Current duty station address			
Duty station telephone number (DSN and commercial)		Home telephone <u>and</u> E-mail address	
Date of rank		PRD	
Years active duty		Years Navy Dental Officer (do not include scholarship time)	
Total years of operational or foreign shores duty as dental officer		If notified of PCS orders – to where?	
Dates and location of duty stations:			
First choice for training		Second choice for training	
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.			
As appropriate, fill in the following. <b>I completed:</b>			
AEGD/GPR (provide date completed and program location)			
Civilian postdoctoral fellowship (provide date completed and program location)			
Navy ACP (provide date completed and program location)			
Navy residency program (provide date completed and program location)			
Civilian residency/post-residency fellowship (provide date completed and program location)			
I have requested letters of evaluation from: (maximum 3)			
I have requested transcripts from: (include all pre-dental, dental and other significant education)			

## Demographic Information Request

Complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age:                    20-25      26-30      31-35      36-40      41-45      46-50      51+

Gender:                Male                                  Female

Ethnic Group:        American Indian      Asian      African American      Caucasian      Filipino      Hispanic      Other

### Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed Name, Grade and SSN

Date

Signature

# Evaluation for Advanced Dental Education

## Instructions

1. Applicants must complete Section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete Section II.
3. Please answer all questions and complete the narrative portion of the evaluation.
4. Return evaluation in a sealed envelope directly to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
5. Any questions call (301) 295-0650 or DSN 295-0650

## Section I

Name (Last, First, MI)	Grade	Designator	SSN
First choice requested for training		Second choice requested for training	
Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> Ph.D.			

## Section II

How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> Member of command
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How many years have you known the applicant?	From:	To:
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Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following:  
 Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

Rating      Trait <input type="checkbox"/> Maturity <input type="checkbox"/> Judgement <input type="checkbox"/> Leadership <input type="checkbox"/> Personal Demeanor Communication skills <input type="checkbox"/> Oral <input type="checkbox"/> Written	Space for additional trait comments:
<div style="border: 1px solid black; padding: 5px; text-align: center;">           This candidate ranks _____ out of _____ I have ranked this year            This candidate ranks _____ out of _____ I have ranked in my career         </div>	

Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of such problems.



INSTRUCTIONS FOR COMPLETING EVALUATION:

- Use this page only, no additional enclosures or other forms accepted. Please send back to NMETC in a sealed envelope.
- Evaluator must provide electronic and telephone contact information at bottom of this form.
- Evaluator must provide ranking of this applicant on the front of this form.
- Please provide a **concise, accurate** evaluation of this applicant's clinical abilities, aptitude, and potential to succeed in the requested program.

Evaluator's typed or printed name

Evaluator's title or position

Command or School

Evaluator's telephone number

E-mail address

Evaluator's signature

Date